MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03624

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; LENGTH OF STAY (in this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2nd St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location) 2nd St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) [NONE] (Last) CAHALL

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept 18, 1899

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Wright

14. MOTHER'S MAIDEN NAME: Margaret Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Wm. Cole, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 3 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1949, to 4/4, 1949, that I last saw the deceased alive on 4/3, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE: Hanson D George (Degree or title) ADDRESS: Denton Md. DATE SIGNED: 4/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr. 7, 1949 — NAME OF CEMETERY OR CREMATORY: Concord — LOCATION (City, town, or county) (State): Concord, Maryland

DATE REC'D BY LOCAL REG. 4/5/49 — REGISTRAR'S SIGNATURE: Wm D George

24. FUNERAL DIRECTOR: J. Virgil Mooretown Sons — ADDRESS: Denton

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BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03625

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline

City or town Greensboro Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 days.

Hospital, institution, or street address where death occurred: Edwards Convalescent Home.

How long in hospital or institution? 18 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Bozman
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sadie B. Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Oliver T. Jones

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1877.

8. AGE:

Years	Months	Days	If less than one day
71	8	28	..... hrs. ..... min.

9. Birthplace Bozman, Talbot County, Md.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Levin Dawson
13. Birthplace Bozman, Md.

MOTHER
14. Maiden name Mary Marshall
15. Birthplace Bozman, Md.

16. Informant Mrs. Manolia Harrison

Address Bozman, Maryland.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof April 13, 1949
(month) (day) (year)

Cemetery or crematory Bozman Cemetery

Location Bozman, Maryland.

18. Funeral director Norman D. Marshall

Address St. Michaels, Md.

19. Apr. 11 1949 L. MacLippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1949, at 7:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-24 1949, to 4-10 1949.

and that I last saw her alive on 4-9. 1949.

Immediate cause of death: ACUTE LEFT HEART FAILURE.

Due to NUPERTENSIVE CARDIO-VASCULAR DISEASE.

Due to 443

Other conditions LEFT HEMI PLEGIA. ARTERIOSCLEROSIS, GENERALIZED.
(Include pregnancy within 3 months of death)

DURATION

93d

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. H. Wainwright, M.D.
M. D. or other

Address Ridgely, Md. Date signed 4-11-49.

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Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03626

FILM No. G 120 APR 25 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) George (Last) Redden
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1949
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH August 13 1886
9. AGE last birthday ~~64~~ 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME George T. Redden
14. MOTHER'S MAIDEN NAME Susie Elizabeth Seymour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-4520
17. INFORMANT Hayman J. Redden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	10 Minutes
94a	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years ±
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1932, to April 7, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE S. Paul Knotts (Degree or title) MD ADDRESS Denton Md DATE SIGNED 4/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 10, 1949
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton (State) Md.
DATE REC'D BY LOCAL REG. 4/10/49
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03627

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) EDGAR	(Middle) HOLMES	(Last) STAFFORD	4. DATE OF DEATH	(Month) APR (Day) 27 (Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct 27, 1876	9. AGE last birthday 72 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME JAMES STAFFORD	14. MOTHER'S MAIDEN NAME MARY E. SMITH				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. FLOYD BAKER, BURRSVILLE, MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 Immediate cause (a) Carcinoma of Stomach

Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1949, to Apr. 27, 1949, that I last saw the deceased alive on Apr. 27, 1949, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE Charles H. Stoneshifter (Degree or title) ADDRESS Greenbow Md DATE SIGNED April 29, 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE MAY 1, 1949	NAME OF CEMETERY OR CREMATORY UNION CHURCH YARD	LOCATION (City, town, or county) (State) BURRSVILLE, MD.
DATE REC'D BY LOCAL REG. 5/1/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR J. VIRGIL MOORE, Denton, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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03628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Marydel — LENGTH OF STAY (in this place): 8 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) T.	(Last) Swingle	4. DATE OF DEATH	(Month) 4	(Day) 4	(Year) 1949
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 5/16/1882	9. AGE last birthday: 67 yrs.	If under 1 year: Months 10	Days 19	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Phila., Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Michel Kearney	14. MOTHER'S MAIDEN NAME: No Record						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Harmon Swingle					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Arteriosclerotic Cardiovascular Disease

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Bilateral Pulmonary Tuberculosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 24, 1949, to Apr 4, 1949, that I last saw the deceased alive on Apr 4, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Charles H. Greenfield (Degree or title) — ADDRESS: Greensboro, Md — DATE SIGNED: April 4 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 4/7/49	NAME OF CEMETERY OR CREMATORY: Templeville	LOCATION (City, town, or county) (State): Templeville, Md.
DATE REC'D BY LOCAL REG.: 4/7/49	REGISTRAR'S SIGNATURE: A. Clark Smith	24. FUNERAL DIRECTOR: R.B. Rawlings	ADDRESS: Greensboro, Md.

M.R.G.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03629

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 26 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Jane (Last) Thompson

4. DATE OF DEATH (Month) 4 (Day) 14 (Year) 1949

5. SEX F.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 11/27/1852

9. AGE last birthday 96 yrs. If under 1 year Months 4 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard Nickerson

14. MOTHER'S MAIDEN NAME Anna Thorp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Mrs. Lenord J. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General & Arterial Arteriosclerosis

93d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1945, to April 14, 1949, that I last saw the deceased alive on April 13, 1949, and that death occurred at 8:30 A.M. from the causes and on the date stated above.

SIGNATURE Charles H. Greenfield (Degree or title) ADDRESS Greensboro Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/17/49

NAME OF CEMETERY OR CREMATORY Busic

LOCATION (City, town, or county) Near Barclay (State) Md.

DATE REC'D BY LOCAL REG. Apr 16-1949

REGISTRAR'S SIGNATURE L. McPippin

24. FUNERAL DIRECTOR R.B.R awlings Greensboro, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

03630

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithville Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Smithville Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
C.	May	Trice	April	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	March 18, 1893	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME: William R. Pennypacker

14. MOTHER'S MAIDEN NAME: Mannie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	None	Harrison H. Trice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Cardio Vascular Renal Disease Due to Hypertension	5 yr.
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gradual Cardiac Failure.	4 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4/10, 1939, to 4/8, 1949, that I last saw the deceased alive on 4/7, 1949, and that death occurred at 6:05 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. E. Jensen	M D	Federalsburg, Md	4-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 10, 1949	Hill Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 9, 1949	J. S. Frampton	J. J. Frampton and Son,	Federalsburg, Maryland

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